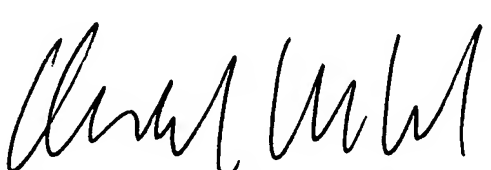
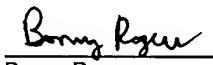




JFW

AF

AMENDMENT TRANSMITTAL LETTER				Docket Number PRM-00201		
Application Number 10/803,832	Filing Date March 18, 2004	Examiner FENTY, Jesse A.		Group Art Unit 2815		
Invention Title SEMICONDUCTOR DEVICE HAVING AN ANTI-OXIDIZING LAYER THAT INHIBITS CORROSION OF AN INTERCONNECT LAYER						
<b>TO THE COMMISSIONER FOR PATENTS</b>						
Transmitted herewith is an amendment in the above-identified application, including:						
<input checked="" type="checkbox"/> Amendment and Response to Office Action						
<input checked="" type="checkbox"/> Return Postcard						
<b>CLAIMS AS AMENDED</b>						
	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	14	Minus	20	0	x \$ 50	\$ 0
INDEPENDENT CLAIMS	7	Minus	7	0	x \$200	\$ 0
MULTIPLE DEPENDENT CLAIM ADDED					\$360	\$
					TOTAL	\$ 0
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL		\$
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20." *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p><input type="checkbox"/> Please charge <b>Deposit Account Number 503596</b> in the amount of \$_____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Please charge \$_____ to our credit card. Attached is PTO Form 2038.</p> <p><input type="checkbox"/> A check in the amount of \$_____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our <b>Deposit Account Number 503596</b>.</p>						
 Donald W. Muirhead, Reg. No. 33,978				<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 14, 2007.</p><p> Bonny Rogers</p></div>		
May 14, 2007 Date						



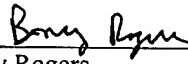
PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: :  
Toshiyuki TAKEWAKI, et al. :  
 :  
Appl. No.: 10/803,832 : Art Unit: 2815  
 :  
Filed: March 18, 2004 : Examiner: FENTY, Jesse A.  
 :  
For: **SEMICONDUCTOR DEVICE HAVING** : Atty Docket: PRM-00201  
**AN ANTI-OXIDIZING LAYER THAT** :  
**INHIBITS CORROSION OF AN** :  
**INTERCONNECT LAYER** :

**CERTIFICATE OF MAILING**

I hereby certify that the foregoing document is being deposited with the United States Postal Service as first class mail, postage prepaid, "Post Office to Addressee", in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 14, 2007.

  
Bonny Rogers

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This paper is being provided in response to the Final Office Action dated February 23, 2007, for the above-captioned U.S. patent application.

**Amendments to the Claims** are listed beginning on page 2 of this paper.

**Remarks** begin on page 10 of this paper.

It is not believed that extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required for consideration of this paper (including fees for net addition of claims) are authorized to be charged in two originally-executed copies of an Amendment Transmittal Letter filed herewith.